



SAN ANTONIO HEALTH DEPARTMENT AIR PROGRAM REGISTRATION FORM

UPON COMPLETION, PLEASE CORRESPOND BY FAX OR MAIL USING THE INFORMATION PROVIDED BELOW

FAX TO:	OR MAIL TO:
SAN ANTONIO METROPOLITAN HEALTH DISTRICT ATTN: AIR PROGRAM Health Program Manager VOICE (210) 207-2071 FAX: (210) 207-2282	SAN ANTONIO METROPOLITAN HEALTH DISTRICT ATTN: AIR PROGRAM 332 W. Commerce, Ste 101 SAN ANTONIO, TEXAS 78205

CHECK ONE: NEW BUSINESS ☐
 CORRECTION NEEDED ☐
 CANCELLATION NEEDED ☐

FACILITY INFORMATION REQUIRED:	
FACILITY NAME:	
FACILITY STREET LOCATION:	
CITY, ST ZIP:	
BILLING ADDRESS:	
CITY, ST ZIP:	
MONTH & YEAR OPENED: ____ / ____	FACILITY EMERGENCY CONTACT:
FACILITY PHONE: ()	
FAX: ()	PHONE: ()

TYPE OF BUSINESS	NUMBER OF EMPLOYEES
EMISSIONS TYPE	QUANTITY (IF KNOWN) - ATTACHED

CONTACT INFORMATION:	
OWNER FULL NAME AND ADDRESS:	OWNER EMAIL:
	PHONE: ()

NOTES TO PROGRAM STAFF:
For Fiscal use only: